

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018523

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 54

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)

Texas Township

Length of stay in 1b

9 years

c. FULL NAME OF (If NOT in hospital, give location)

R.R. #1, Salem, Mo.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dent

c. CITY OR TOWN

Salem

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rural Route 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

PAUL

Middle

ARTHUR

Last

NEUBERT

4. DATE OF DEATH

Month

June

Day

6

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/1/85

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steamfitter (ret.)

10b. BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

San Francisco, Cal. USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Albin Neubert

13b. MOTHER'S MAIDEN NAME

Anna Schultz

14. NAME OF HUSBAND OR WIFE

Elsa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Elsa Neubert Route 1, Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Thrombosis Secondary to Arteriosclerotic Heart Disease 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-8-52 to 6-4-62 and last saw her/him alive on 6-4-62. Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased's title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/8/1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hermon Cemetery

23d. LOCATION (City, town, or county)

Dent County

STATE

Missouri

24. FUNERAL DIRECTOR

Max L. Warfel

ADDRESS

Salem, Mo.

25. DATE RECD. BY LOCAL REG.

6/8/62

26. REGISTRAR'S SIGNATURE

M.M. Clark M.D. by AM

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0330

0330

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94200

10

11

1290-0

131-0

JUN 12 1962
JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Wargel

Licensed Embalmer No. 4170

P. O. Address Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.